orm CS9222B (04-22)	Photocopy Locally As Needed
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New York State Department of Corrections and Community Supervision Monthly Emergency Housing Fund Tracking Form Region

Region	
Month/Year	

Entry Reason Codes:

- 1-Public Safety Jeopardized by lack of residence at this time
- 2-Housing not immediately available due to emergency nature of the housing need
- 3-Not eligible for other local housing services/resources through local social services
- 4-Existing housing resources not available until future date/time and interim temporary housing is required

A/O Name	SO Y/N	SO Reg Level	MH Y/N	OMH Level	New Request or Ext.	Entry Reason Code	Releasee Last Name	Releasee First Name	NYSID	EH Entry Date mm/dd/yy	Program Discharge Date mm/dd/yy	Provider Name	Provider Address	Provider Tax ID Number	# of Days Per Voucher	Total # of Days Stay	 \$ Amount	Date Voucher Mailed